

**Meeting of the
Medicaid Revitalization Committee
July 14, 2006**

Members Present:

Leslie C. Ellwood, M.D., Medical Society of Virginia
/Virginia Academy of Pediatrics
Rose Chu, Board of Medical Assistance
Doug Gray, Medicaid MCO Representative
Mary Ann Bergeron, Virginia Association of
Community Service Boards
Theopolis Gilliam, Jr., M.D., Old Dominion Medical
Society
Sheryl Garland, Virginia Commonwealth University
Marcie Patterson, Virginia Association of Homecare
Joanne Green, Virginia Healthcare Foundation
Maureen Hollowell, Persons with Disabilities
Becky Snead, Virginia Pharmacists Association
Jill Hanken, Virginia Poverty Law Center
Bill Farrington, National Alliance on Mental Illness
Hobart Harvey, Virginia Health Care Association
Betty Long, Virginia Hospital and Healthcare
Association

DMAS Staff:

Patrick Finnerty, Agency Director
Cynthia B. Jones, Chief Deputy Director
Cheryl Roberts, Deputy Director of Programs & Operations
Scott Crawford, Deputy Director of Administration &
Finance
Michael Jay, Director, Budget & Contract Management
Division
Steve Ford, Director, Policy & Research Division
Gerald Craver, Policy Analyst, Policy & Research Division
John Kenyon, Policy Analyst, Policy & Research Division
Scott Cannady, Policy Analyst, Policy & Research Division

Meeting Facilitator:

Barbara Hulburt

**WELCOME AND INTRODUCTIONS BY PAT FINNERTY, DIRECTOR OF
DMAS**

This was the first meeting of the Medicaid Revitalization Committee (MRC) and Mr. Finnerty began by welcoming everyone to the meeting and introducing the Committee members. Mr. Finnerty also introduced the DMAS staff who will support the Committee during its tenure and Barbara Hulburt who will serve as the Committee's facilitator.

After the introductions, Mr. Finnerty reviewed the contents of the folders that the Committee members received prior to the meeting. Each folder contained four documents: 1) an agenda, 2) House Bill 758 (HB758) which is the legislative mandate establishing the MRC, 3) the "Medicaid Reform in Virginia" concept paper that outlines the responsibilities of the Committee, and 4) a PowerPoint presentation. The documents were also distributed to members of the public who attended the meeting.

All meeting documents are available on the Medicaid Revitalization Committee's website at: http://www.dmas.virginia.gov/ab-revitalization_home.htm.

**VIRGINIA MEDICAID REFORM PRESENTATION BY PAT FINNERTY,
DIRECTOR OF DMAS**

The presentation (which is available on the MRC's website) provided the Committee members with an overview of HB758, the Virginia Medicaid Program, and the Florida

Medicaid Reform Model. Mr. Finnerty reviewed the Florida model because it is very similar to the provisions of HB758. The presentation also included a comparison of HB758, the Florida Model, and the current Virginia Medicaid Program. Key points made during the presentation included:

- Florida started its reform in July, 2006 by contracting with several health plans, but does not expect to enroll beneficiaries in the reform plans until October, 2006, and many of the programmatic and operational aspects are still being developed. The reform effort is being phased in very gradually in two counties (Broward and Duvall). Initially, only a few of the Medicaid categories will be required to participate, and these beneficiaries will be enrolled as they become eligible or as part of their annual eligibility redetermination process.
- The Virginia Medicaid program is already doing many of the things that Florida is proposing to do under their reform initiative.
- The Florida Reform Model is not intended to limit Medicaid eligibility nor generate savings for Florida.
- The Florida Model is claims driven, which means that program officials will review claims data to ensure that recipients are participating in healthy activities. Each activity will earn the recipients credits that will allow them to obtain funds needed to purchase health-related supplies.
- While the Virginia Medicaid Program is similar to the Florida Reform Model in many respects, it does not reward recipients for healthy behaviors by placing funds in “debit card” accounts that can be used to purchase health services and supplies.

The presentation concluded with a discussion of future meeting dates and proposed agendas. Mr. Finnerty indicated that the following dates were tentatively set for the MRC meetings: August 2, 9, 29, September 21, October 10, and November 8 (if needed). He also indicated that the August 2 meeting would begin with a one hour public comment period. During this time, individuals could address the Committee for five minutes or less. Due to time constraints, Committee members indicated that the time limit should be reduced to three minutes or less.

MEDICAID REVITALIZATION COMMITTEE MEETING PROCESS BY BARBARA HULBURT

Ms. Hulburt led the next phase of the meeting where the “rules of behavior” were discussed. According to Ms. Hulburt, the rules are actually group norms that the

Committee members would like to follow during their deliberations to make the meetings as productive as possible. Examples of the norms discussed by the Committee included:

- staying on topic during meetings,
- using a “parking lot” for discussing topics that are not on the agenda,
- using a Committee email address to communicate between meetings,
- summarizing information at critical points during the meetings,
- working toward consensus agreements,
- discussing both the positive and negative aspects of issues, and
- designating alternates to represent the members if they are unable to attend Committee meetings.

OPEN COMMITTEE DISCUSSION

During the last phase of the meeting, the Committee members discussed possible topics that they would like considered during the upcoming meetings. For example, Committee members indicated that they would like DMAS staff to provide a summary description of the separate long term care and acute care integration project, Medicaid sustainability, the current Virginia Medicaid eligibility requirements, and the fiscal impact of any proposed changes that the MRC recommends in its final report.

Prior to adjournment, Committee members requested that DMAS staff provide information on the following topics: federal government parameters for enhanced Medicaid benefits, findings from studies performed by policy research organizations, status reports on the Florida Medicaid Reform Model (to include information on how Florida will manage recipients with mental illness under its reform model), and information on the reform efforts of other states (such as Kentucky and South Carolina).